

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING

PO BOX 1360

FRANKFORT, KY 40602

502/564-3296, ext. 237 502/696-5763 (FAX)

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APPLICATION FOR LICENSURE

CHECK ONE:

☐ LICENSURE AS AN INTERPRETER

☐ TEMPORARY LICENSURE AS AN INTERPRETER

SECTION 1 PLEASE TYPE OR PRINT ALL INFORMATION

1. _____ 2. _____ - _____ - _____
NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER
(As You Want It to Appear on License)

3. _____
MAILING ADDRESS: STREET CITY STATE ZIP

4. _____
TELEPHONE NUMBERS: (WORK) (HOME)

5. E-Mail Address: _____ FAX # _____

6. Has your certification or licensure in Kentucky or any other state ever been suspended or revoked? _____ Yes _____ No

If yes, give details: _____

7. Have you ever been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude? _____ Yes _____ No

If yes, what offense? _____
(Send supporting documentation)

If yes, please explain: when, where, etc. _____

SECTION 2 – PART A – EDUCATION

*Applicant must provide official transcript of high school diploma or GED certificate. In lieu of this documentation, applicant may submit an official transcript indicating completion of a degree program at a post secondary institution approved by the Board.

High School	Address	Dates Attended		Date of Graduation		Diploma
		From	To	Month	Year	

Post Secondary Institution	Address	Dates Attended		Date of Graduation/Completion		Degree
		From	To	Month	Year	

8. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting? ☐ Yes ☐ No

If yes, what offense? _____
(Send supporting documentation)

If yes, please explain: when, where, etc. _____

9. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held?

If yes, what offense? _____
(Send supporting documentation)

If yes, please explain: when, where, etc. _____

10. Have you ever been discharged or forced to resign for misconduct, unsatisfactory service, or unethical practices from any professional training program, or from the program of any educational institution? ☐ Yes ☐ No

If yes, please give specific details _____

11. I wish to be listed in a public directory of licensed interpreters – ☐ Yes ☐ No

SECTION 2 – PART B – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of the past two (2) positions you have held relating to your professional experience in interpreting. **If you have additional sites of experience, please copy and complete this section.**

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Title of Position: _____ Name & Address of Employer: _____ _____ Immediate Supervisor: _____	Describe Your Duties: _____ _____ _____ _____ _____ _____

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____ Title of Position: _____ Name & Address of Employer: _____ _____ Immediate Supervisor: _____	Describe Your Duties: _____ _____ _____ _____ _____ _____

Employment Setting: (Indicate which setting applies)

☐ K-12 Educational Only ☐ Post Secondary Education ☐ Private Practice (Free-Lance)
☐ Other (Describe) _____

SECTION 3 - CERTIFICATION

Indicate one or more of the following certifications of competence or completion assessments (attach proof of all certifications/assessments marked):

Registry of Interpreters for the Deaf and Hard of Hearing

?	CSC	Comprehensive Skills Certificate
?	CT	Certificate of Transliteration
?	CI	Certificate of Interpretation
?	IC/TC	Interpreting Certificate/Transliteration Certificate
?	RSC	Reverse Skills Certificate
?	CDI	Certified Deaf Interpreter
?	CDI-P	Certified Deaf Interpreter-Provisional
?	OC	Oral Certification
?	IC	Interpreting Certificate
?	TC	Transliteration Certificate
?	CLIP	Conditional Legal Interpreting Permit
?	CLIP-R	Conditional Legal Interpreting Permit-Relay
?	MCSC	Master Comprehensive Skills Certificate
?	SC:L	Specialist Certificate: Legal
?	Prov. SC:L	Provisional Specialist Certificate: Legal
?	SC:PA	Specialist Certificate: Performing Arts
?	OIC:C	Oral Interpreting Certificate: Comprehensive
?	OIC:S/V	Oral Interpreting Certificate: Spoken to Visible
?	OIC:V/S	Oral Interpreting Certificate: Visible to Spoken

National Association for the Deaf

?	NAD	Level III Intermediate (Temporary Licensure Only)
?		Level IV Advanced
?		Level V Masters

Other (Temporary Licensure ONLY)

?	SCPI	Sign Communication Proficiency Interview-Intermediate Plus or above (Temporary Licensure & Employees of K-12 Educational Setting Only) Level: _____
?	EIPA	Educational Interpreter Performance Assessment – 2.75 or higher (Temporary Licensure & Employees of K-12 Educational Setting Only) Score: _____

National Training, Evaluation, and Certification Unit

?	CUED	CUED Speech – Level: _____
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Other State Screenings or Quality Assurance Assessments

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/permit revoked by the Board.

DATE: _____ **APPLICANT'S SIGNATURE** _____
(Sign your name - Do not Print or Type)